

For IRB Use Only:
Application Number _____

Lakeland University Application for IRB Review Cover Sheet

Project Title: _____

Primary Research Investigator: _____

Program/Department: _____ Campus Address: _____

Campus Phone: _____ Home Phone: _____

E-mail address: _____

Check status: Faculty Student Staff Member

If a student project,

Research Advisor's Title & Name: _____

Program/Department: _____ Campus Address: _____

Campus Phone: _____ Home Phone: _____

E-mail address: _____

Date Application Submitted: _____

Project Start Date: _____

Expected Duration of Project: _____

FORM A — EXPEDITED REVIEW (Tier I)

The following questions pertain to potential risks to subjects. Answer items 1-4 & item 15 on a separate sheet of paper. Please be sure to number your responses appropriately. Similarly, if you need to provide additional information/explanations for any of items 5-14, please do so on the separate document as well. Indicate the appropriate question number with the explanation.

1. **PURPOSE:** Describe the general purpose of the study.
2. **Describe your POTENTIAL SUBJECT POOL.**
3. **RECRUITMENT OF SUBJECTS: How will you recruit subjects?**
4. **Where is the LOCATION OF RESEARCH:** Exactly where will research be conducted (e.g., Old Main 26, _____). If research will be conducted in a classroom or service delivery setting, will it require any activity that is not part of the normal class or service delivery ?
5. If subjects will not be identified from public sources, will signed approval to recruit subjects, conduct the study, or use existing data be obtained from the designated authority prior to conducting the research?.....N/A YES NO
Explain
6. Is there a pre-existing dual relationship between the researcher and subject (eg. Teacher-student, counselor-client, intern-

REQUIRED ELEMENTS CONTINUED

13. If you plan to access subjects' **private health information**, federal law requires specific procedures for releasing health records. Our website (

